

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE:

JAIME PEREZ HERNANDEZ

DEBTOR

CASE NO. 18-04368/MCF

CHAPTER 13

**DEBTOR'S NOTICE OF FILING OF  
AMENDED SCHEDULE "D" OFFICIAL FORM 106D**

**TO THE HONORABLE COURT:**

**COMES NOW, JAIME PEREZ HERNANDEZ**, the Debtor through his undersigned attorney, and very respectfully states and prays as follows:

1. The Debtor is hereby submitting ***Amended Schedule "D"***, dated September 19, 2018, herewith and attached to this motion.
2. This amendment Schedule "D" is filed for the purpose of **include certain creditor which due to an involuntary omission, was not included in the Debtor's original schedules (Docket No. 1): Schedule "D": AEELA, PO Box 364508, San Juan PR 00936-4508, Account no. xxx-xx-2621, balance \$20,791.86.**

**NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(B)**

**Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.**

### **CERTIFICATE OF SERVICE**

I hereby certify that on this date I electronically filed the above document with the Clerk of the Court using the CM/ECF System which sends notification of such filing to all those who in this case have registered for receipt of notice by electronic mail, including the US Trustee's Office and the Trustee. I further certify that the foregoing has been served by depositing true and correct copies thereof in the United States Mail, postage prepaid, to none CM/ECF participants: the Debtor, Jaime Perez Hernandez, to his address of record: Alturas de Villa de Rey, M6 Calle España, Caguas PR 00727; to the creditor affected by the amendment: "AEELA", PO Box 364508, San Juan PR 00936-4508; and creditors and parties in interest as per the attached master address list.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 19<sup>th</sup> day of September, 2018.

**/s/Roberto Figueroa Carrasquillo**  
ROBERTO FIGUEROA CARRASQUILLO LAW OFFICE PSC  
USDC #203614  
ATTORNEY FOR PETITIONER  
PO BOX 186 CAGUAS PR 00726  
TEL. NO. (787) 744-7699  
FAX (787) 746-5294  
EMAIL: [rfigueroa@rfclawpr.com](mailto:rfigueroa@rfclawpr.com)

Fill in this information to identify your case:			
Debtor 1	<b>JAIME PEREZ HERNANDEZ</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</b>			
Case number (if known)	<b>3:18-bk-4368</b>		

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1</b>	<b>AEELA</b> <small>Creditor's Name</small>  <b>PO Box 364508</b> <b>San Juan, PR 00936-4508</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$20,791.86</b>	<b>\$14,826.98</b>	<b>\$5,964.88</b>
Describe the property that secures the claim: <b>AEELA Deposits and Dividends Account no xxx-xx-2621</b>				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____		Last 4 digits of account number <b>2621</b>		

<b>2.2</b>	<b>Anderson Financial Services of PR</b> <small>Creditor's Name</small> <b>DBA Borinquen Title Loans</b> <b>3440 Preston Ridge Rd Ste 500</b> <b>Alpharetta, GA 30005-3823</b> <small>Number, Street, City, State &amp; Zip Code</small>	<b>\$500.00</b>	<b>\$1,890.00</b>	<b>\$0.00</b>
Describe the property that secures the claim: <b>2001 Mercury Grand Marquis VIN no.2MEFM74W01X654231 Mileage 115,690</b>				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit				
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				



Debtor 1 **JAIME PEREZ HERNANDEZ** Case number (if known) **3:18-bk-4368**  
First Name Middle Name Last Name

☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number **2621**

**2.3** **Coop A/C Jesus Obrero** Describe the property that secures the claim: **\$9,325.00** **\$500.00** **\$8,825.00**  
Creditor's Name

**HC 1 Box 29030 PMB 159**  
**Caguas, PR 00725-8900**

Number, Street, City, State & Zip Code

**Cooperativa A/C Jesus Obrero**  
**Shares and deposits**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **2014-01** Last 4 digits of account number **0116**

**2.4** **Coop Caguas** Describe the property that secures the claim: **\$2,572.00** **\$200.00** **\$2,372.00**  
Creditor's Name

**PO Box 1252**  
**Caguas, PR 00726-1252**

Number, Street, City, State & Zip Code

**Cooperativa A/C Caguas Shares**  
**and deposits**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **2014-08-14** Last 4 digits of account number **9768**

**2.5** **LA FAMILIA** Describe the property that secures the claim: **\$500.00** **\$2,726.00** **\$0.00**  
Creditor's Name

**URB PARADIS 9 LOPEZ**  
**FLORES ST.**  
**CAGUAS, PR 00725**

Number, Street, City, State & Zip Code

**2005 Nissan Sentra**  
**VIN no 3N1CB51D65L509030**  
**Mileage 136,061**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number **2621**

Debtor 1 **JAIME PEREZ HERNANDEZ**

First Name

Middle Name

Last Name

Case number (if know)

**3:18-bk-4368**

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$33,688.86**

**\$33,688.86**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:			
Debtor 1	<u>JAIME PEREZ HERNANDEZ</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF PUERTO RICO, SAN JUAN DIVISION</u>		
Case number (if known)	<u>3:18-bk-4368</u>		

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice,  
Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ JAIME PEREZ HERNANDEZ

JAIME PEREZ HERNANDEZ

Signature of Debtor 1

Date September 19, 2018

X \_\_\_\_\_

Signature of Debtor 2

Date \_\_\_\_\_

Label Matrix for local noticing  
0104-3  
Case 18-04368-MCF13  
District of Puerto Rico  
Old San Juan  
Wed Sep 19 09:49:09 AST 2018

COOP A/C CAGUAS  
PO BOX 1252  
CAGUAS, PR 00726-1252

COOP A/C JESUS OBRERO  
PMB 159 HC 01 BOX 29030  
CAGUAS, PR 00726-4900

FPI HOLDINGS PUERTO RICO, INC.  
1200 JESUS T. PIERO AVE.  
SAN JUAN, PR 00921-1643

US Bankruptcy Court District of P.R.  
Jose V Toledo Fed Bldg & US Courthouse  
300 Recinto Sur Street, Room 109  
San Juan, PR 00901-1964

Anderson Financial Services of PR  
DBA Borinquen Title Loans  
3440 Preston Ridge Rd Ste 500  
Alpharetta, GA 30005-3823

Coop A/C Jesus Obrero  
HC 1 Box 29030 PMB 159  
Caguas, PR 00725-8900

Coop Caguas  
PO Box 1252  
Caguas, PR 00726-1252

DTOP  
PO Box 41269 Minillas Station  
San Juan, PR 00940-1269

Departamento de Hacienda  
Bankruptcy Section  
235 Ave Arterial Hostos Ste 1504  
San Juan, PR 00918-1451

Departamento de Hacienda  
PO Box 9024140  
San Juan, PR 00902-4140

Islandfin  
PO Box 71504  
San Juan, PR 00936-8604

(p)JEFFERSON CAPITAL SYSTEMS LLC  
PO BOX 7999  
SAINT CLOUD MN 56302-7999

LA FAMILIA  
URB PARADIS 9 LOPEZ FLORES ST.  
CAGUAS, PR 00725

Midland Credit Management, Inc.  
2365 Northside Dr Ste 300  
San Diego, CA 92108-2709

Midland Fund  
2365 Northside Dr Ste 30  
San Diego, CA 92108-2709

Midland Funding LLC  
PO Box 2011  
Warren, MI 48090-2011

Synco/Sams Club  
PO Box 965005  
Orlando, FL 32896-5005

Synchrony Bank/Sams Club  
PO Box 965005  
Orlando, FL 32896-5005

(p)T MOBILE  
C O AMERICAN INFOSOURCE LP  
4515 N SANTA FE AVE  
OKLAHOMA CITY OK 73118-7901

JAIME PEREZ HERNANDEZ  
ALTURAS DE VILLA DEL REY  
K6 CALLE ESPANA  
CAGUAS, PR 00727-6747

JOSE RAMON CARRION MORALES  
PO BOX 9023884  
SAN JUAN, PR 00902-3884

MONSITA LECAROS ARRIBAS  
OFFICE OF THE US TRUSTEE (UST)  
OCHOA BUILDING  
500 TANCA STREET SUITE 301  
SAN JUAN, PR 00901

ROBERTO FIGUEROA CARRASQUILLO  
PO BOX 186  
CAGUAS, PR 00726-0186

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Jefferson Capital Systems LLC  
Po Box 7999  
Saint Cloud Mn 56302-9617

T-Mobile  
12920 SE 38th St  
Bellevue, WA 98006-1350

End of Label Matrix  
Mailable recipients 23  
Bypassed recipients 0  
Total 23